

SERFF Tracking Number:	HNDY-125452304	State:	Arkansas
Filing Company:	Ohio Indemnity Company	State Tracking Number:	EFT \$50
Company Tracking Number:	VSI-AR-2008-DIS		
TOI:	33.0 Other Lines of Business	Sub-TOI:	33.0002 Other Commercial Lines
Product Name:	Ultimate Loss Insurance		
Project Name/Number:	Terrorism Disclosure 2008/VSI-AR-2008-DIS		

Filing at a Glance

Company: Ohio Indemnity Company	SERFF Tr Num: HNDY-125452304	State: Arkansas
Product Name: Ultimate Loss Insurance	SERFF Status: Closed	State Tr Num: EFT \$50
TOI: 33.0 Other Lines of Business	Co Tr Num: VSI-AR-2008-DIS	State Status: Fees verified and received
Sub-TOI: 33.0002 Other Commercial Lines	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Filing Type: Form	Authors: Iris Nance, Nancy Sherman, Sherry Bixler	Disposition Date: 02/06/2008
	Date Submitted: 01/24/2008	Disposition Status: Approved
Effective Date Requested (New): 03/01/2008		Effective Date (New): 03/01/2008
Effective Date Requested (Renewal): 03/01/2008		Effective Date (Renewal): 03/01/2008
State Filing Description:		

General Information

Project Name: Terrorism Disclosure 2008	Status of Filing in Domicile: Pending
Project Number: VSI-AR-2008-DIS	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 02/06/2008	Deemer Date:
State Status Changed: 02/06/2008	
Corresponding Filing Tracking Number:	
Filing Description:	
New Terrorism Disclosure Form as required by the Federal Terrorism Risk Insurance Program Reauthorization Act of 2007.	

Company and Contact

SERFF Tracking Number:	HNDY-125452304	State:	Arkansas
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TOI:	33.0 Other Lines of Business	Sub-TOI:	33.0002 Other Commercial Lines
Product Name:	Ultimate Loss Insurance		
Project Name/Number:	Terrorism Disclosure 2008/VSI-AR-2008-DIS		

Filing Contact Information

Nancy Sherman, Marketing Assistant	nsherman@ohioindemnity.com
250 East Broad Street	(800) 628-8581 [Phone]
Columbus, OH 43215	(614) 228-5552[FAX]

Filing Company Information

Ohio Indemnity Company	CoCode: 26565	State of Domicile: Ohio
250 East Broad Street	Group Code: -99	Company Type:
10th Floor		
Columbus, OH 43215	Group Name:	State ID Number:
(800) 628-8581 ext. [Phone]	FEIN Number: 31-0620146	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	This is the fee for forms filings in the state of Arkansas.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ohio Indemnity Company	\$50.00	01/24/2008	17647987

<i>SERFF Tracking Number:</i>	<i>HNDY-125452304</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/06/2008	02/06/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Terrorism Disclosure Form	Form	Nancy Sherman	01/29/2008	01/29/2008

<i>SERFF Tracking Number:</i>	<i>HNDY-125452304</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Ultimate Loss Insurance</i>		
<i>Project Name/Number:</i>	<i>Terrorism Disclosure 2008/VSI-AR-2008-DIS</i>		

Disposition

Disposition Date: 02/06/2008

Effective Date (New): 03/01/2008

Effective Date (Renewal): 03/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>HN DY-125452304</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ohio Indemnity Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>VSI-AR-2008-DIS</i>		
<i>TOI:</i>	<i>33.0 Other Lines of Business</i>	<i>Sub-TOI:</i>	<i>33.0002 Other Commercial Lines</i>
<i>Product Name:</i>	<i>Ultimate Loss Insurance</i>		
<i>Project Name/Number:</i>	<i>Terrorism Disclosure 2008/VSI-AR-2008-DIS</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	Terrorism Disclosure Form	Approved	Yes
Form	Terrorism Disclosure Form	Approved	Yes

SERFF Tracking Number: *HNDY-125452304* State: *Arkansas*
 Filing Company: *Ohio Indemnity Company* State Tracking Number: *EFT \$50*
 Company Tracking Number: *VSI-AR-2008-DIS*
 TOI: *33.0 Other Lines of Business* Sub-TOI: *33.0002 Other Commercial Lines*
 Product Name: *Ultimate Loss Insurance*
 Project Name/Number: *Terrorism Disclosure 2008/VSI-AR-2008-DIS*

Amendment Letter

Amendment Date:

Submitted Date: 01/29/2008

Comments:

Due to a typographical error, please replace Form # OIC-DIS2008 (01/2008) with Form # OIC-DIS2003 (01/2008). New form is attached.

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Terrorism Disclosure Form	OIC-DIS2003	01/2008	Disclosu re/Notice	Replaced	OIC-DIS2008 (01/2008)		0	OIC-DIS2003 (01-2008).pdf

SERFF Tracking Number: *HNDY-125452304* State: *Arkansas*

Filing Company: *Ohio Indemnity Company* State Tracking Number: *EFT \$50*

Company Tracking Number: *VSI-AR-2008-DIS*

TOI: *33.0 Other Lines of Business* Sub-TOI: *33.0002 Other Commercial Lines*

Product Name: *Ultimate Loss Insurance*

Project Name/Number: *Terrorism Disclosure 2008/VSI-AR-2008-DIS*

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Terrorism Disclosure Form	OIC-DIS2008	01-2008	Disclosure/ Replaced Notice	Replaced Form #:0.00 OIC-DIS2003 (01-2003) Previous Filing #:		OIC-DIS2008.pdf
Approved	Terrorism Disclosure Form	OIC-DIS2003	01/2008	Disclosure/ Replaced Notice	Replaced Form #:0.00 OIC-DIS2008 (01/2008) Previous Filing #:		OIC-DIS2003 (01-2008).pdf

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury -- in concurrence with the Secretary of State, and the Attorney General of the United States -- to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceed \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is _____, and does not include any charges for the portion of losses covered by the United States government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT, MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Policyholder/Applicant's Signature

Print Name

Date

Name of Insurer: _____

Policy Number: _____

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
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Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury -- in concurrence with the Secretary of State, and the Attorney General of the United States -- to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceed \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is _____, and does not include any charges for the portion of losses covered by the United States government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT, MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Policyholder/Applicant's Signature

Print Name

Date

Name of Insurer: _____

Policy Number: _____

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<i>Product Name:</i>	<i>Ultimate Loss Insurance</i>		
<i>Project Name/Number:</i>	<i>Terrorism Disclosure 2008/VSI-AR-2008-DIS</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *HN DY-125452304* State: *Arkansas*
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Company Tracking Number: *VSI-AR-2008-DIS*
TOI: *33.0 Other Lines of Business* Sub-TOI: *33.0002 Other Commercial Lines*
Product Name: *Ultimate Loss Insurance*
Project Name/Number: *Terrorism Disclosure 2008/VSI-AR-2008-DIS*

Supporting Document Schedules

	Review Status:	
Satisfied -Name: Uniform Transmittal Document-Property & Casualty	Approved	02/06/2008

Comments:

Currently submitting filing for informational purposes only in compliance with the Federal Terrorism Risk Insurance Program Reauthorization Extension Act of 2007.

Attachment:

AR Exp Trans Doc.pdf

	Review Status:	
Satisfied -Name: Cover Letter	Approved	02/06/2008

Comments:

Attachment:

AR Cover Letter.pdf

	Review Status:	
Satisfied -Name: Explanatory Memorandum	Approved	02/06/2008

Comments:

Attachment:

VSI Terrorism Disclosure Filing Memorandum.pdf

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) AR

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input checked="" type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Ohio Indemnity Company	OH	26565	31-0620146

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Nancy Sherman 250 E Broad St 10 th Floor Columbus, OH 43215	614-220-5215	614-228-5552	nsherman@ohioindemnity.com

Filing information

Line of Insurance (see attachment)	31-Miscellaneous
Company Program Title (Marketing title) (if applicable)	Ultimate Loss Insurance Program
Filing Type ** see note below	Informational Purposes Only-Policyholder Disclosure Form
This application is used with:	
Effective Date Requested	N/A
Filing date	01/22/2008
Company Tracking Number	VSI-AR-2008-DIS
Date filing approved in domiciliary state, if applicable	N/A

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Policyholder Disclosure Notice	OIC-DIS2008 (01/2008)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	OIC-DIS2003 (01/2003)	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- x Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- x Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Nancy Sherman
Signature

Nancy Sherman
Print Name:

Compliance/Licensing Specialist
Title:



OHIO INDEMNITY COMPANY

January 24, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Re: Ohio Indemnity Company – NAIC #26565
Federal Terrorism Risk Insurance Program Reauthorization Extension Act of 2007
Vendor's Single Interest (VSI) Insurance Program
Our Filing #VSI-AR-2008-DIS
SERFF Tracking #: HNDY- 125452304
Requested Effective Date: 03/01/2008

Dear Commissioner Bowman:

In compliance with the Federal Terrorism Risk Insurance Program Reauthorization Extension Act of 2007, we are hereby filing our revised Policyholder Disclosure Notice form, OIC-DIS2008 (01/2008), for the above-referenced program. This replaces the previously filed form, OIC-DIS2003 (01/2003). Our policy does not exclude losses due to acts of terrorism, nor do we identify or attribute a separate portion of the premium for this coverage. Our disclosure form is identical to the sample provided in the Reauthorization Act for notification to policyholders when such losses are not excluded in their policy. It is our understanding that this form must be filed for informational purposes only with each Department of Insurance.

We respectfully request your acknowledgement of this informational filing at your earliest convenience. If you have any questions, please do not hesitate to contact me at (800) 628-8581 Ext. 5215 or by email at nsherman@ohioindemnity.com.

Sincerely,

Nancy Sherman
Compliance/Licensing Specialist

Ohio Indemnity Company

Filing Memorandum

2008 Terrorism Disclosure Notice Form

Vendor's Single Interest Insurance Program

The purpose of this filing is to file our Terrorism Disclosure Notice Form as required by the Federal Terrorism Risk Insurance Program Reauthorization Extension Act of 2007.

We previously filed our Terrorism Disclosure Notice Form, OIC-DIS2003 (01/2003), in compliance with the Terrorism Risk Insurance Act of 2002. Since the expiration of this Act on December 31, 2007, we are now filing the new Terrorism Disclosure Form, OIC-DIS2008 (01/2008), as required by the Reauthorization Act. This form is to be issued with all our Ultimate Loss Insurance Program policies, which is a Vendor's Single Interest product.

Our policy does not exclude losses due to acts of terrorism, nor do we identify or attribute a separate portion of the premium for this coverage. Thus, there is no premium impact with this filing. Our disclosure form is identical to the sample provided in the Reauthorization Act for notification to policyholders when such losses are not excluded in their policy. It is our understanding that this form must be filed for informational purposes with each Department of Insurance.

The new form and the NAIC Expedited Filing Transmittal Document for Terrorism Risk Insurance Forms are included in this filing.